Pandemic Influenza Preparedness Phase II Situation Report

<u>Incident Name</u>: Pandemic Influenza Preparedness Phase II <u>Operational period</u>: 0830/24 APR 06 – 0830/1 May 06

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1. World

a. World Health Organization (WHO) Pandemic Phase- Phase 3- human infection with new (current concern is the Asian H5N1) virus; virus does not spread efficiently and is not sustained among humans.

Inter-pandemic Phase New virus in animals, no human cases	Low risk of human cases Higher risk of human cases	2	
Pandemic Alert New virus causes human cases	No or very limited human-to-human transmission		(
New virus causes numan cases	Evidence of increased human-to-human transmission	4	
Pandemic	Evidence of significant human-to-human transmission	5	
	Efficient and sustained human-to-human transmission	6	

b. As of April 21, 2006, WHO is reporting a total of 204 human cases of Asian H5N1 infection (including 113 deaths) in 9 countries since January 2004. The most recent cases being confirmed on April 21, 2006 (China, 1 case, 1 death; Egypt, 12 cases total, 4 deaths total). The table includes only laboratory confirmed cases; once a WHO laboratory confirms cases, they are added to the table below.

Country	2004		2005		2006		TOTAL*	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Azerbaijan	0	0	0	0	8	5	8	5
Cambodia	0	0	4	4	2	2	6	6
China	0	0	8	5	9	7	17	12
Egypt	0	0	0	0	12	4	12	4
Indonesia	0	0	17	11	15	13	32	24
Iraq	0	0	0	0	2	2	2	2
Thailand	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	12	4	12	4
Vietnam	29	20	61	19	0	0	93	42
Total	46	32	95	41	60	37	204	113

^{*} Total includes cases in 2003 not described here.

c. World Health Organization (WHO) published a pamphlet on Infection Control Recommendations for Avian Influenza in Health Care Facility on April 17, 2006. http://www.who.int/csr/disease/avian_influenza/guidelines/aidememoireinfcont/en/index.html

Bird cases:

Animal Cassa Summary of Current Situation				
Animal Cases: Summary of Current Situation				
Since December 2003, avian influenza A (Asian H5N1) infections in poultry or wild birds have been reported in the following countries:				
Africa	Near East			
Burkina Faso, Cameroon, Nigeria, Niger, Sudan	Egypt, Iraq, Iran, Israel, Jordan, Palestinian Autonomous Territories			
East Asia & the Pacific	South Asia			
Cambodia, China, Hong Kong, Indonesia, Japan, Laos, Malaysia,	Afghanistan, India, Kazakhstan, Pakistan			
Mongolia, Myanmar (Burma), Thailand, Vietnam				
Europe & Eurasia	Countries added this Operational Period			
Albania, Austria, Azerbaijan, Bosnia & Herzegovina, Bulgaria,				
Croatia, Czech Republic, Denmark, France, Georgia, Germany,	Palestinian Autonomous Territories- April 11, 2006 (World			
Greece, Hungary, Italy, Poland, Romania, Russia, Serbia &	Organisation for Animal Health [OIE])			
Montenegro, Slovak Republic, Slovenia, Sweden, Switzerland,	Sudan- April 24, 2006			
Turkey, Ukraine, United Kingdom	r , , , , , , , , , , , , , , , , , , ,			

2. United States:

There are no reported cases of avian or human Asian H5N1 influenza infection in the United States or its territories. The Centers for Disease Control and Prevention does not publish a Pandemic Phase level separate from the WHO report.

The predominant strain of human influenza infection in the US is reported as H3N2.

- Influenza activity continued to decrease in the United States.
- Five states reported widespread influenza activity; 5 states reported regional influenza activity; 16 states, New York City, and the District of Columbia reported local influenza activity; 23 states (**including Alaska**) reported sporadic influenza activity; and one state reported no activity.

3. Alaska:

There are no reported cases of avian or human Asian H5N1 influenza infection in Alaska.

The State Section of Epidemiology report shows that influenza activity peaked and is subsiding after January 28, 2006. People should continue to exercise normal precautions to avoid the flu. For current information on surveillance and influenza activity in Alaska, go to the Section of Epidemiology Influenza Surveillance website at:

http://www.epi.hss.state.ak.us/id/influenza/influenza.jsp

<u>Surveillance activities- human-</u> The State Section of Epidemiology also collects school absentee rates for the Anchorage School District and identifies the schools that have a greater than 7.5% absentee rate. Absentee data in other states have been shown to be accurate predictors of community-wide influenza activity.

There is now a consolidated website (<u>www.avianflu.alaska.gov</u>) that holds both bird and human influenza information. The Toll Free number is 1-888-9PANFLU (972-6358).

<u>Surveillance activities- bird</u>- USGS/USFWS/ADFG have put together an extensive bird sampling plan that they anticipate will be released on their websites soon. This will detail the Spring and Fall activities, and have maps, etc.

Specifically:

- Biologists will be collecting samples from live birds during the course of the biologists' regular field activities/banding, etc.
- There will be an effort to increase surveillance of unexpected mortality events and die-offs.
- Samples will be collected from hunter killed birds; both sport and subsistence

The Alaska Avian Influenza Information Group (http://alaska.fws.gov/media/avian%5Finfluenza/) has put together three brochures on Avian Influenza- Bird Flu Facts, Some Questions and Answers about Avian Influenza, and What Hunters Should Know about Avian Influenza.

A bird influenza hotline is now operational at 1-866-5BRDFLU (1-866-527-3358).

Assessment: The avian influenza A (Asian H5N1) epizootic (animal outbreak) in Asia and parts of Europe is not expected to diminish significantly in the short term. It is likely that Asian H5N1 infection among birds has become endemic in certain areas and that human infections resulting from direct contact with infected poultry will continue to occur. So far, the spread of Asian H5N1 virus from person-to-person has been rare and has not continued beyond one person. No evidence for genetic reassortment between human and avian influenza A virus genes has been found; however, the epizootic in Asia continues to pose an important public health threat.

No evidence for genetic re-assortment between human and avian influenza A virus genes has been found (this would allow/signal the phase in which sustained human-to-human transmission is eminent).

- **4.** <u>Bird Import Ban:</u> CDC and USDA have combined regulations and enforce a ban on the import of birds and bird products from Asian H5N1-affected countries. (see table above summarizing animal cases)
- 5. <u>Travel Restrictions:</u> The World Health Organization (WHO) does not recommend any restrictions on travel to any areas affected by Asian H5N1 avian influenza. WHO does not recommend screening of travelers coming from Asian H5N1 affected areas. WHO advises travelers to avoid contact with high-risk environments in affected countries.
- **6.** <u>Alaska Pandemic Influenza Plan-</u> Draft plan completed 1/24/06 and accessible through the DPH web-site. Follow the link to/ or go directly to: http://www.pandemicflu.alaska.gov/. A copy of the plan can be downloaded (PDF file).

Next report to be issued: 1300/1 May 2006